DOCUMENT RESUME

ED 237 713 CE 037 715

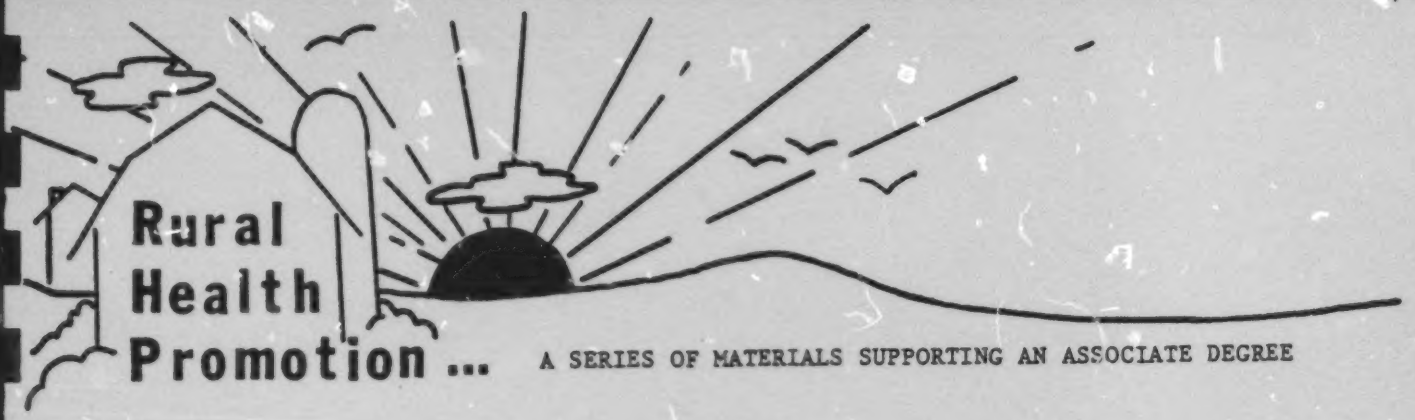
AUTHOR Wallace, Susan W.; Myer, Donna Foster
TITLE Health Care Organization and Issues. An Instructor Resource Guide. Appendix to a Final Report on the Paraprofessional Rurally Oriented Family Home Health Training Program.
INSTITUTION Baptist Coll. at Charleston, SC.
SPONS AGENCY Office of Vocational and Adult Education (ED), Washington, DC.
PUB DATE 83
CONTRACT 300-81-0436
NOTE 109p.; For related documents, see CE 037 711-718. Cover title varies.
PUB TYPE Guides - Classroom Use - Guides (For Teachers) (052)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS *Allied Health Occupations Education; Associate Degrees; Behavioral Objectives; Classroom Techniques; Codes of Ethics; Community Health Services; Consumer Economics; Consumer Education; Core Curriculum; Definitions; Ethics; *Family Health; Financial Support; Futures (of Society); Guidelines; Health Education; Health Facilities; Health Insurance; *Health Needs; Health Personnel; *Health Programs; *Health Services; Higher Education; Home Health Aides; Home Programs; Hygiene; Instructional Materials; Learning Activities; Paraprofessional Personnel; Program Design; Program Implementation; Resource Units; Rural Areas; *Rural Education; Teaching Methods
IDENTIFIERS United States

ABSTRACT

This instructor's resource guide, one in a series of products from a project to develop an associate degree program for paraprofessional rural family health promoters, deals with teaching a course in health care organization and issues. Covered in the first section of the guide are the role of health care organization and health issues in rural health promotional training, general objectives and recommendations for instructors, and references and suggested course texts. A series of unit overviews dealing with the following topics is provided: a definition of health, the structure and function of the U.S. health care system, the financing of health, consumerism in health, ethics and issues in health care, and health care in the future. Each unit contains general and specific objectives, a course outline, and instructional notes. Concluding the guide are a discussion of methods and materials for student evaluation and a description of other materials in the Family Home Health Training Program series. (MN)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****



A SERIES OF MATERIALS SUPPORTING AN ASSOCIATE DEGREE

ED237713

APPENDIX TO
A FINAL REPORT ON THE
PARAPROFESSIONAL RURALLY ORIENTED
FAMILY HOME HEALTH TRAINING PROGRAM

an instructor resource guide for
teaching a course in

HEALTH CARE ORGANIZATION AND ISSUES

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

developed for
the U.S. Department of Education
Office of Vocational and Adult Education
Contract No. 300-81-0436

CE037715

AN INSTRUCTOR RESOURCE GUIDE
FOR TEACHING A COURSE IN

HEALTH CARE ORGANIZATION AND ISSUES

part of a Series of Materials Developed to Support an
Associate Degree in Rural Health Promotion

developed for
THE U. S. DEPARTMENT OF EDUCATION
OFFICE OF VOCATIONAL AND ADULT EDUCATION

developed by
THE PARAPROFESSIONAL RURALLY ORIENTED FAMILY HOME HEALTH
TRAINING PROGRAM
THE DIVISION OF NATURAL SCIENCES
THE BAPTIST COLLEGE AT CHARLESTION
CHARLESTON, SOUTH CAROLINA

authors
Susan W. Wallace, R.N.,M.P.H.
Assistant Professor of Natural Sciences

Donna Foster Myer, B.S., M.S.
Assistant Professor of Natural Sciences
Director of Rural Health Promotion

1983

The project which is the subject of this document was supported in part by the U. S. Department of Education. However, the opinions expressed herein do not necessarily reflect the position or policy of the Department of Education.

This work was developed under contract Contract No. 300-81-0436

TABLE OF CONTENTS

		Page
TITLE PAGE		
TABLE OF CONTENTS		i
INTRODUCTION		1
Rural Health Promotion - Definitions and Assumptions		3
An Associate Degree In Rural Health Promotion		9
Suggested Academic Content		12
Using These Materials in Teaching Rural Health Promotion		15
SPECIFIC COURSE MATERIALS for		
HEALTH CARE ORGANIZATION AND ISSUES		
The Role of Health Care Organization and Issues in Rural Health Promotion Training		19
General Objectives		20
General Recommendations for the Instructor		23
References and Suggested Course Texts		27
Unit Overviews		31
SECTION A	A DEFINITION OF HEALTH	
I	*The Broadening Concept of Health*	31
II	*The Health Belief Model*	34
III	*Adopting a Personal Definition of Health*	37
SECTION B	STRUCTURE AND FUNCTION OF THE U.S. HEALTH CARE SYSTEM	
IV	*A Multi-Purpose System*	43
V	*Ambulatory and Community Health Services*	46
VI	*The Hospital*	49
VII	*The Nursing Home*	52
SECTION C	THE FINANCING OF HEALTH CARE	
VIII	*The Evolution of Our Present System*	57
IX	*Government Resources*	60
X	*Private Health Insurance*	63

TABLE OF CONTENTS CONTINUED

		Page
SECTION D	CONSUMERISM IN HEALTH	
XI	*The Physical Examination*	69
XII	*Choosing Your Physician*	72
XIII	*Following Your Physician's Advice*	76
XIV	*Selecting the Appropriate Facility*	79
XV	*Avoiding the Rip-Off*	82
SECTION E	ETHICS AND ISSUES IN HEALTH CARE	
XVI	*Developing a Personal Code of Ethics*	89
XVII	*Exploring Concepts on Death and Dying*	92
XVIII	*Exploring Concepts on Abortion*	95
SECTION F	HEALTH CARE IN THE FUTURE	
XIX	*Technological Resources*	101
XX	*Computer Awareness*	105
XXI	*The Self Care Movement*	108
SUPPLEMENTARY MATERIALS		111
Methods and Materials for Student Evaluation		113
Other Materials in This Series		115

INTRODUCTION

RURAL HEALTH PROMOTION -
Definitions and Assumptions

The Associate Degree in Rural Health Promotion was developed out of concern for the health status of Americans in rural areas. Behind the development of such a paraprofessional degree lie certain definitions and assumptions about rural areas and the health problems they face. It is therefore appropriate to delineate some terms and concepts before describing the degree and its components in more detail. While this discussion will not attempt to comprehensively document the changing perceptions of rural issues, it summarizes the development of "mind-sets" which undergird the development of this project.

Probably the most difficult definition to make is of the term "rural". While we can easily quote dictionary definitions, there are important intrinsic and extrinsic connotations to the word "rural" which also need to be explored. The term rural carries with it tacit assumptions about population density, types of employment, character and structure of population centers, as well as the values and outlooks of the citizens. For example, RURAL is seen as:

country, not city
provincial, limited in perspective
unsophisticated
rustic
simple, leisurely paced life
religious
agricultural

William H. Friedland, in an article in The Journal of

Rural Sociology in 1982, suggests that if we base our definition of rural on the concept of this type of homogeneous culture, then we will find few rural areas left in the United States. This country has seen the development of an urban - rural continuum in terms of population densities which blurs any clear cut geographical definition, producing "fringe" areas with combination characteristics. So called "reverse" migration to lower density areas, as well as the effects of modern news and entertainment media, have resulted in "country" communities where many of the basic conditions of urban life are reproduced - culture, food, commodities, interests, etc.

These views of the changing character of rural populations are upheld by other studies in a variety of fields. Farms have become agribusinesses, with even small farms showing the impact of technological advances. Farm "managers" show the same life style illnesses of stress and overload as do urban managers. More importantly, while three out of five country residents in 1920 were engaged in farming, by 1970 this had changed to only one out of five - and is still dropping. Of the populations in rural areas, 24% of the whites and 11% of the blacks were recent arrivals - coming originally from urban areas. Yet total rural population size has changed little since 1920, while urban populations have often tripled.

Even population size definitions for "rural" vary from expert to expert. The Encyclopedia Britannica (1975 ed.) defines U.S. rural populations by default - by saying "rural" is "not urban", and "urban" means places of 2,500 or more and their fringes. A dictionary definition gives rural as "areas with less than 1,500 population". Obviously, the area's size as well as its population should be considered.

In the United States, 25% of the population lives on 90% of the land. For these "rural" areas, density varies from 200 per square mile near cities to one per ten square miles in the western mountains. In addition to density differences,the midwestern rural resident is still most likely to be involved in agriculture, the Appalachian rural populations organize their lives around the mining industries, and ,in the Carolinas, rural populations often include high percentages of textile workers.

What characteristics DO occur consistently in rural areas? While individuals and special sub-populations may defy these trends, rural populations do seem to have:

* twice the poverty rate as cities
* more under and unemployed adults
* lower educational status
* higher percentages of children, elderly, and poor

The last item on the preceding list leads us into the specific health problems of the U.S. rural resident, for all three sub-populations - children, the elderly, and the poor - have more health needs than the average citizen. However, once again the specific health needs of rural areas are somewhat inconsistent with our preconceptions. While we picture the "country life" as leading to healthy longevity, the rural populations of America have more activity limiting chronic health conditions than do urban populations. Regardless of our vision of country life as providing healthier air, diets, and activity, rural citizens suffer from more heart conditions, more arthritis, more mental illness, more high blood pressure, and more visual impairment. Infant mortality rates are higher, alcohol use and the resultant drinking and driving mortalities are severe problems. In other words, the health issues associated with life style are more predominant in the country than in our "high pressure,

polluted, unhealthy" cities.

These, and other health problems of the rural areas of our country, are made more distressing by the realities of non-urban health care. The following figures, taken from the report on Health Care in Rural America (U.S. Dept. of Agriculture Bulletin 428), show how rural areas provide for health care:

area type	medical personnel per 100,000 population
metropolitan	157
non-metro.	71
rural (near urban)	35
rural (far from urban)	37

The problem is not with acute care - hospitals are often equally accessible to the urban dweller, the suburban dweller and the rural resident (at least in terms of access time - "from my house to seeing the doctor"). It is precisely the type of life style oriented services, focusing on chronic and preventative care, which are needed by the rural resident which are not available. This is an age - old problem; as Hippocrates said, " Healing is a matter of time, but it is sometimes also a matter of opportunity."

Certainly one way of approaching these problems is to increase the numbers of traditional health professionals who serve rural areas. This has proved to be easier said than done; physicians and nurses are costly to train and costly to support, if not for the area they serve then for society as a whole. Moreover, the U.S. Surgeon General's Report on Healthy People states that major gains in the health status of Americans in general will not be made by increasing access to traditional treatment alone, but will also require enhanced emphasis on promotion of disease

preventative life styles.

In this same vein, but focused on the needs of rural areas in particular, the Health Care in Rural America report suggests that communities train residents to serve as paraprofessionals in health care provision, from EMS(Emergency Medical Technician) services, to basic first aid, and on to health promotion and health education. Eva J. Salber and her co-workers in North Carolina addressed these needs by exploring the usefulness of "health facilitators" or "lay advisors". Their project sought to "promote good health and prevent illness rather than concentrating on the cure of illness alone" by using lay members of a community who have received "training in promotive health practices, prevention of disease, in early recognition of illness together with first aid measures."

In A Sociology of Health by Andrew C. Twaddle and Richard M. Hessler, the authors state that "...of all the strategies for improving medical care for the (rural) poor, the substantial increase in new nonphysician medical manpower is possibly the most important innovation..." Even in the areas of mental health (as discussed in Mental Health of Rural America ,NIMH and The Nonprofessional Revolution in Mental Health by Francine Sobey) paraprofessionals from rural communities have been used effectively. Part of the introduction to Sobey's book comments, "Nonprofessionals are utilized not simply because professional manpower is unavailable but rather to provide new services in innovative ways."

Although most of the training for such paraprofessionals, in both the mental and physical health areas, began as informal training programs, in both cases expanded programs soon became important. Twaddel and Hessler discuss the problem of insufficient training, both

in terms of its impact on lay workers' competency and acceptance by existing professional care givers, as well as the impact on upward or outward mobility. They quote one paraprofessional as saying "I don 't have a degree, so if I left here I may have to go ... back to business machines. I don't really feel secure. If something happens you have to try and get a job. You should at least get an associates degree in college." Nevertheless, Twaddel ends the section on Community Health Workers with these thoughts, " ...the seed has been planted for changes in health manpower. If health care is to be made available to all as a right on the order of public education, then change must occur...The community health worker program has provided a model for the creation of a new occupational hierarchy."

These then are the components which shaped the development of the Associate of Natural Sciences in Rural Health Promotion:

1. the realities and myths of rural existence
2. the need for enhanced health care in rural areas based on chronic life style illnesses and on-going inadequate numbers of treatment professionals
3. the perceived and experienced strength of utilizing community paraprofessionals
4. the training insufficiencies defined by both professionals and the paraprofessionals themselves

The next sections summarize the specific philosophies and content of the Associate Degree in Health Promotion, followed by suggested uses, and then detailed course content. For other published materials on this project, please refer to the Supplementary Materials at the end of the course materials.

AN ASSOCIATE DEGREE IN
RURAL HEALTH PROMOTION

As an innovative approach to meeting the health needs of rural America, the Rural Health Promotion Associate Degree has been developed by the Baptist College at Charleston under Contract No. 300-81-0436 with the U. S. Department of Education, Office of Vocational and Adult Education. The curriculum and special courses developed under this contract do not reflect ideas that are new to health. Instead, they draw upon several maturing concepts: health promotion, paraprofessional preparation, and holistic principles. These concepts have been used to develop an integrated, state of the art, approach to personal and community health enhancement--the paraprofessional degree in health promotion.

First, the program represents the movement toward health promotion, as an equal partner with treatment, in improving the health status of Americans. The 1979 U. S. Surgeon General's Report on Healthy People explored in great detail the role health promotion and disease prevention will play in further expansion of the Nation's health care system. The American Rural Health Newsletter (April 1983), in looking at "Rural Health Care at the Crossroad", points out "the public's desire for comprehensive health and its growing interest in health promotion."

Secondly, this program reflects an increasing awareness of the usefulness of paraprofessionals in expanding the impact of health care systems. Health promotion is one of the few areas of health services which is relying more on "people power" than on sophisticated technology. Since the goals of health promotion always includes the empowerment of the individual to make decisions about his own health habits and environment, the use of paraprofessionals is particularly appropriate. Working under the guidance of treatment, health education, and public health specialists, the paraprofessional can extend the reach of existing health promotion programs in a variety of settings from medicine and psychology to industry and religion. In the introduction to The Nonprofessional Revolution in Mental Health (Sobey, 1970) Frank Riessman points out that

"Nonprofessionals are utilized not simply because professional manpower is unavailable but rather to provide new services in innovative ways... It is noteworthy that their main function has not been to relieve professional staff to tasks requiring less than professional expertise. The major finding is that nonprofessionals are being trained for new service functions and roles, in many cases roles that were not previously being played at all..."

The idea to use two year college programs to train such paraprofessionals is not new. The Mental Health of Rural America (Segal, 1973) evaluated projects which experimented with ways to meet rural mental health needs. The projects seen to have the greatest impact were two year college programs designed to prepare people to work as paraprofessionals in a wide range of community settings. The Rural Health Promotion Degree is different in the following respect. The two year program designed at the Baptist College reflects very specifically the current movement toward holistic principles of health. Rather than focusing preferentially on physical or mental health, the program provides formal educational experiences in studies relevant to the "whole" person.

The curriculum draws from a strong natural science base (33 credits) to build an understanding of both the biological and psychological aspects of human health. By including studies in religion and sociology, as well as written and spoken communication skills, it prepares the student for effective intervention in social and interpersonal settings. Then, to focus this basic knowledge on disease prevention/health promotion, the program includes specialized courses which provide understanding of health care organizations and issues, health promotion methods, fundamentals of paraprofessional care and a prevention/promotion practicum experience.

The Associate Degree in Rural Health Promotion was designed to fit comfortably into a traditional four year college's offerings or into any technical college which offers general Associate of Arts or Associate of Science degrees. At least one full year of the program is made up of courses which are commonly offered by psychology,

science, sociology, mathematics, English, and religion departments. The specialized courses related to health promotion and paraprofessional skills will often be useful to students in other disciplines who plan to work in settings which interface with health care providers. In addition, the degree's specialized content might be used to develop a minor in health promotion for baccalaureate students or to provide required courses to update existing allied health and related degrees.

The specific course content of the Associate Degree in Rural Health Promotion is listed in annotated form in the next section.

SUGGESTED ACADEMIC CONTENT

Listed below are those courses suggested as required to earn an Associate Degree in Rural Health Promotion. The courses marked with an asterisk (*) are those which were specifically designed for the Health Promotion degree and are available as part of this set of materials. Whole prerequisites are not noted here for the specialized courses, specific prerequisites are in the detailed materials overviewing each course in the series.

English Composition and Rhetoric: Courses designed to improve students ability to express themselves accurately and effective in writing. (6 credits)

*Interpersonal Communication-Techniques and Styles: This course will teach techniques of good interpersonal communication include specific skills in listening, decision making, observation, assessment, interviewing, and group process. It will explore the effect of individual attitudes and beliefs on communication as well as cultural characteristics of communication and barriers to communication. (3 credits)

General College Mathematics: A course in general math skills with an emphasis on application. (3 credits) Or a more advanced course.

General Psychology: An introduction to concepts underlying the understanding of behavior. (3 credits)

Human Growth and Development: An overview of human development psychologically for conception through senescence, with an emphasis through adolescence. (3 credits)

Psychology of Adulthood and Aging: A study of development during adulthood. (3 credits)

Principles of Sociology: A focus on the ways sociology provides understanding of group behavior and human relations. (3 credits)

Introduction to Community Services: Introducing the organization, methods, settings of community social services. (3 credits)

Survey of New Testament: The content of the new testament. (3 credits) OR

Introduction to Group Dynamics: Religious and psychological principles applied to interpersonal relationships and group functions. (3 credits)

Anatomy/Physiology: A study of human structure and function with emphasis on the body systems. (4 credits)

Microbiology: Study of micro-organisms with emphasis on normal and pathological conditions in man and environment. (4 credits)

*Epidemiology: A study of the inter-relationship among organisms, the environment, and man. The course develops an understanding of the history of disease, their signs, symptons, and prevention. It provides a working knowledge of the terms; morbidity, mortality, acute disease, and chronic disease. Basic data are presented concerning the application of demographics, community health care, and the epidemiologic study of the causal factors of disease. (3 credits)

Nutrition: Concepts of human nutrition applied to health and disease, world hunger, and personal nutrition. (3 credits)

*Concepts of Chemistry: Key principles needed in allied health and liberal arts. (4 credits)

*Health Care Organization and Issues: The purpose, functions, and administration of community health care services, public and private. A study of issues affecting health care utilization and delivery; consumerism, ethical issues, and future technology. (3 credits)

*Health Promotion Seminar: A cognitive presentation of the major areas of emphasis for health promotion - exercise, concern over what we put into our bodies (foods, alcohol, tobacco, and other drugs), and living in high stress environments--and concommitant presentation of the major techniques of personal responsibility and personal change. The course requires application of these concepts to develop experiential knowledge in behavior change. It will also develop critical consideration of emerging health promotion ideas in both professional sources and the popular media. (1 credit)

*Fundamentals of Paraprofessional Care I and II: Development and application of knowledge and paraprofessional skills in physical care, emotional support, personal hygiene, and safety/first aid. Acute and chronic conditions will be covered. Working knowledge of medical terminology and consumer oriented pharmacology. Laboratory experiences complement the lectures and include certification in Cardiopulmonary Resuscitation. (8 credits)

18

*Practicum in Health Promotion: Application of classroom knowledge in community based programs related to health promotion/ disease prevention. During the first two weeks of the Semester and the last week of the Semester, this calss will meet 3 hours per week on campus to structure the students' practical experiences and discuss class assignments and requirements. The remainder of the semester the course will consist of 9-12 hours/week of experience in a community based program and one class meeting per week on campus. (3 credits)

Electives (3-6 credits); Electives are suggested from sociology, especially in the area of social institutions or rural concerns, and in health and physical education, especially in the area of fitness and aerobics and recreational exercise.

USING THESE MATERIALS IN TEACHING RURAL HEALTH PROMOTION

The Rural Health Promotion project materials include the seven course modules newly designed for this associate degree (see Suggested Academic Content), a project report, preliminary evaluation reports for both concept and courses, and a series of Focus Guides for use with existing care courses. Although designed to be used as a two year associate degree curriculum in a college setting, the individual courses can be used separately as they fit other academic needs.

All of the courses in this series were developed in a regular semester format for students who meet general admissions requirements for a four year college. It may be that a paraprofessional program such as Rural Health Promotion will attract students whose high school preparation has been less academic than traditional four year students. However, we feel it is preferable to meet any such deficiencies as they arise using, existing college resources, rather than to structure the program and course content at a lower level. One specific reason for this is based in the nature of the activity for which these students are being prepared.

The health promotion paraprofessionals will need to function in their communities in a median position between the professional health care providers and lay recipients of such care. The credibility with which they function will be based in part on their ability to communicate with, and value the standards and expectations of, people on both ends of this care continuum. Interactions with the professional community may be tenuous at best in some settings. The existance of "watered down" courses in the program could contribute to a perception of the paraprofessional as "amateur." Indeed, other paraprofessional roles--such as the paramedics--have been effected by this attitude. Even nursing, now a profession in its own right, was once seen as "wasting our time educating a group of semi-professionals." (Jensen's History and Trends of Professional Nursing)

A second reason for dealing with deficiencies outside of this program is to clearly integrate the program academically into the parent institution, rather than having it exist with a separate

level of expectations. Finally, students who have clearly and directly faced their own learning deficits should be better prepared to relate to the lay end of the professional-lay continuum with understanding and compassion.

It is expected that these courses may merely be a first approximation of what is needed in some academic settings. Each course includes state-of-the-art material at the time it was written and edited, including references and suggested support materials. Yet, health promotion is a rapidly growing field where excellent new materials are developing daily. We feel the objectives, concept outlines, and supplementary materials can be used either as specific delineation of a course or as general core concerns to be fleshed out according to other professional interests and directions.

Reports on the development of the curriculum for the Associate of Natural Sciences in Rural Health Promotion and the proto-type field testing and evaluation of both concept and courses are also available as part of this series of materials. The project report components may be useful for health education designers or administrators or for service providers as they plan directions in training and community services for the last part of the Twentieth Century. Even if this degree has only limited implementation, we feel the ideas and directions addressed in the project overall and in the courses specifically can serve as stimuli for discussion and decision making in a society with changing ideas of health, health care, and responsibility for health.

Finally, the Rural Health Focus Guides were developed to direct the thoughts of teachers in core areas (such as English, mathematics, sociology, etc.) without re-writing existing courses. These materials are listed separately in the Supplementary Materials section and may be interesting for educators who are concerned or curious about the interface between their area of expertise and changing concepts of community and personal health.

SPECIFIC COURSE MATERIALS

FOR

HEALTH CARE ORGANIZATION AND ISSUES

THE ROLE OF
HEALTH CARE ORGANIZATION AND ISSUES
IN THE RURAL HEALTH PROMOTION CURRICULUM

Health promotion activities are part of the goals and objectives of many community health care providers and occur in many different health care settings. Health promotion paraprofessionals may be providing services at a "primary" level, working before the fact with people of low or moderate current risk to prevent development of health problems. Often, however, the provider of health promotion will be working in "secondary" or "tertiary" settings, where participants have clearly developed risks, are already experiencing some difficulty, or have gone through some acute episode or health crisis. In these cases, health promotion may become part of a treatment plan developed and monitored by professionals from a variety of fields--medicine, rehabilitation, psychology, and others.

The health promotion paraprofessional may also, by virtue of their activities in a community, be in a position to interact with public and private health care treatment as a referral or support person. It is vitally important that the paraprofessional understand the systems with which he or she may be working and be able to relate to the realities of purpose and practice of these settings.

The course in health care organization and issues will give students a chance to explore the function and administration of community health care services both public and private. Students will consider in detail some of the issues impacting current and future direction in treatment services. These include issues affecting health care utilization and delivery as well as ethical issues relating to consumerism, self care, death and dying, and the impact of modern technology both in treatment and administration.

Included in this course are sections on changes affecting health care utilization and delivery, the impact of modern technology on treatment, administration, and education, as well as current ethical issues in health care such as consumerism, the self care movement, death and dying, and others.

GENERAL OBJECTIVES FOR
A COURSE IN
HEALTH CARE ORGANIZATION AND ISSUES

Brief catalog description: Health Care Organization and Issues--
3 semester hours

The purpose, function, and administration of community health care services, public and private. A study of issues affecting health care utilization and delivery; consumerism, ethical issues, and future technology

Objectives:

SECTION A

Unit I. *Upon completion of this unit the student will be able to discuss the historical changes in the health concerns of the American population.*

Unit II. *Upon completion of this unit the student will be able to understand and discuss the difference in health behavior, illness behavior and sick role behavior. He/she will tell how each affects the concept of health and the use of the health care system.*

Unit III. *Upon completion of this unit the student will be able to state his/her own personal definition of the term health and identify how one's lifestyle affects his/her health.*

SECTION B

Unit IV. *Upon completion of this unit the student will be able to describe the general structure and function of the American Health Care System.*

Unit V. *Upon completion of this unit the student will be able to describe and give the purpose and function of the ambulatory and community health services available. The student will be able to cite examples of facilities which are available in the local area.*

Unit VI. *Upon completion of this unit the student will be able to describe the structure, purpose, and function of a hospital.*

Unit VII. *Upon completion of this unit the student will be able to discuss the role of the nursing home in our country.*

SECTION C

Unit VIII. *Upon completion of this unit the student will be able to explain the process of events which lead up to the implementation of our present system of payment for health care.*

Unit IX. *Upon completion of this unit the student will be able to discuss the purpose and functions of Medicare, Medicaid and other governmental resource funding of health care services.*

Unit X. *Upon completion of this unit the student will be able to describe the purpose, function and varieties of private health insurance coverage.*

SECTION D

Unit XI. *Upon completion of this unit the student will be able to discuss the functions and purposes of a physical examination.*

Unit XII. *Upon completion of this unit the student will be able to choose a physician suitable to his needs based on observations of his symptoms and the service available to the consumer.*

Unit XIII. *Upon completion of this unit the student will be able to identify the significance of following a physician's advice about an individual's medical care.*

Unit XIV. *Upon completion of this unit the student will be able to choose the medical/health care facility appropriate to his needs.*

Unit XV. *Upon completion of this unit the student will be able to identify misleading and false information for health care products. The student will be able to choose products and services which are more healthful and appropriate to individual needs.*

SECTION E

Unit XVI. *Upon completion of this unit the student will be able to describe methods which were used to develop a personal code of ethics. The student will be able to describe his own personal code of ethics relative to health care.*

Unit XVII. *Upon completion of this unit the student will be able to discuss many pro and con issues related to euthanasia. The student will also demonstrate the ability to offer information without enforcing a bias opinion upon the consumer.*

Unit XVIII. *Upon completion of this unit the student will be able to discuss many pro and con issues related to abortion. The student will also demonstrate the ability to offer information without enforcing a bias opinion upon the consumer.*

SECTION F

Unit XIX. *Upon completion of this unit the student will be able to explain the technological advances which have been made in medicine and described many that are not available.*

Unit XX. *Upon completion of this unit the student will be able to demonstrate a basic knowledge of the computer terminal.*

Unit XXI. *Upon completion of this unit the student will be able to discuss the evolution of the present existence and future implications of the self care movement.*

GENERAL RECOMMENDATIONS
FOR THE INSTRUCTOR

The course Health Care Organization and Issues was designed to be taught in a 14-15 week semester setting for 3 credits. Units are determined by conceptual groupings and do not represent class periods or weeks.

Each unit includes a general objective, a set of specific objectives which all together act to produce the general objective, a content outline indicating the material to be covered, instructional notes discussing possible classroom activities and student assignments, as well as resources and references for that particular unit. Notes on suggested testing procedures are included in the Supplementary Materials section.

The content outlines are intended to be used as lecture references and could be distributed to students as an overview or review aide, as could the objectives themselves. General references for this course are included in the next section; specific sections of these references are noted in each unit where particularly relevant.

The course in Health Care Organization and Issues should be specialized by drawing on local resources. The instructor should identify local providers of services in health care such as health departments, hospitals of various types, mental health facilities, social service agencies, nursing homes, hospice services, drug and alcohol rehabilitation units, physicians/nurses/practitioners in group or private practice, emergency care settings, and so on. Three approaches to integrating local information are useful. In all cases, you will be asking people and sites to work you into their regular health care duties. Be sure to arrange things as far in advance as possible, be specific, and respect their needs and realities.

Speakers Visiting the Classroom: Outside speakers can provide better services if you give them some guidelines. Suggested approaches include providing them with the general objectives of this course, the "Role of..." overviews, and a set of questions or topics you'd like them to cover. Specify if you'd like them to be prepared to

answer questions. With budgets in health care being limited, it would help if you offer to reproduce any handouts they might need. Be sure to tell them how long they can speak and what you have told the students to expect. If similar speakers have visited your class, a short overview of their talk would be useful. Often visiting speakers come on their own time in addition to regular duties. It is not inappropriate to take them to lunch or give them some small gift in appreciation of their efforts. A formal letter of recognition, specifying the high points of their visit, should be sent to them or their supervisor following their talk.

Class Field Trips: Actual group visits to local facilities are very useful but may be difficult to arrange. If you plan such a visit, provide the contact person (or preferably the person who will speak to your group) with the same background on the course as you would a classroom speaker. A list of things you would like to see is useful. Be sure to be flexible. Most health care settings must pull people from other duties to handle your groups. Call as far in advance as possible and confirm your plans in writing. A call the day before you visit to be sure all is in order is useful. Respect their schedule--be on time and be prepared to leave on time. Give them as much time as they planned for; leaving early may mean not only missing good information but also that people who have prepared to talk have done so in vain. A Thank you note after the visit or a formal letter of appreciation specifying what you feel was done well is not just good manners--it may help the facility justify the time spent with you as community relations. For sites that have been expecially accommodating, a plant or some flowers for the reception area is not inappropriate.

Individual Site Visits: At the very least, students should be required to make a visit to a health facility and report on this visit. Contacts with potential sites can be made by the instructor prior to the semester. Students can make specific arrangements themselves. Again, clear guidelines are vital. Give the sites an idea of how long the student will expect to visit and the type of questions they will ask. Require students to do their scheduling at

least ten days prior to their visit. A sample site visit report outline might include:

a. physical description of the facility
b. an organizational chart
c. an annotated list of services provided
d. sources of financial support (federal, state, local; grants or legislated amounts; client fees; third party payments; etc.)
e. the general goals for the facility; their philosophy; future directions and plans; their dependence on personnel, financial support, clients, local commitment, etc.
f. a brief student summary of their impressions of the site, its services and settings.

In addition, the student should design their own interview outline for gathering the above information and have the instructor approve it prior to the visit. This project can be delivered to the instructor in several stages--

1. the scheduled time of the visit and the interview outline (ten days prior to visit)
2. a typed report on the visit (e.g. five double spaced typed pages)
3. an oral class report on the visit (10 minutes summarizing the report, giving personal views and opinions)

This course lends itself to a second type of special student project--a report on a selected topic in current issues in health care. Since these are often very current, and since this class is for associate degree students, it is wise for the instructor to check out the availability of resource materials prior to making the assignment. Suggested topics include:

1. the movement toward "self care"
2. the cost of health
3. health as a right
4. euthanasia
5. witchcraft/voodoo

6. folk medicine (root, hex, etc.)

7. others

Resources for such topics include some of the books listed in the resources section, the health section of book stores, health journals, and local health workers. Faculty in graduate level health education departments as well as planning personnel from Health Systems Agencies and state and local health departments may be knowledgeable. It would not be inappropriate to include lay opinions via surveys or brief man-in-the-street interviews, but the report whould include an overview of the professional spread of opinion in the area of the topic.

REFERENCES AND SUGGESTED COURSE TEXTS

Unfortunately, there is no one textbook which covers the content intended in this course. It is expected that the teacher will need to identify local resource persons who can develop detailed references and recommend up to date information sources. This is particularly true in areas such as Governmental regulation, insurance, computers, and technical resources and advances.

Possible Textbooks

Williams, Stephen J. and Paul Torrens. Introduction to Health Services. New York:John Wiley and Sons, 1980.

Jonas, Steven. Health Care Delivery in the United States. New York:Springer Publishing Co. 1981.

Haag, Jessie Helen. Consumer Health:Products and Services. Philadelphia: Lea and Febiger. 1976.

References

Ardell, Donald B. High Level Wellness. Emmaus, PA:Rodale Press. 1977.

Vickery, Donald and James F. Fries. Take Care of Yourself: A Consumers Guide to Medical Care. Reading,Mass.1978.

Knowles, John. Doing Better and Feeling Worse. new York: WW Norton and Co., Inc.1977.

Steele, Shirley M. and Vera M. Harmon. Values Clarification in Nursing. New York: Appleton-Century-Croft. 1979.

Yezzi, Ronald. Medical Ethics. New York: Holt, Rinehart, and Winston. 1980.

Center for Health Promotion. Health Promotion Packet. American Hospital Association, 840 N. Lake Shore Drive, Chicago, Ill. 60611.

SECTION A

A DEFINITION OF HEALTH

UNIT I

THE BROADENING CONCEPT OF HEALTH

General Objective

Upon completion of this unit the student will be able to discuss the historical changes in the health concerns of the American population.

Specific Objectives

The student will be able to:

1. List 4 major causes of death during the period 1850-1900 and tell what factors affected their existence.
2. Identify 5 major causes of death in the early 1900's.
3. Describe those changes which affected the alteration in the types of diseases which were of major concern in 1850, 1900 and today.
4. Identify the major causes of death in 1982.
5. Define the terms acute and chronic disease.
6. Define "health" as described by Tabers Medical Dictionary, the World Health Organization and others.
7. Identify the terms "Illness" and "Disease".
8. Give a formal definition of "Health".
9. Discuss the concept of Health Promotion and tell how it can affect health care.

CONTENT OUTLINE

I. The Evolution of Health Needs
   A. 1850-1900 Epidemics of Infectious Disease
      1. Cholera, typhoid, smallpox, yellow fever, and others
      2. Diseases related to impure food, contaminated water supply, inadequate sewage disposal and generally poor condition of urban housing

B. 1900's
   1. Cities developed systems of water purification, sanitary disposal of sewage, safequards for the quality of milk and food and for monitoring the quality of housing
   2. Health departments expanded
   3. Pneumonia, tuberculosis, heart disease, nephritis, and accidents

C. The New Emphasis
   1. Medical Science-attention to surgical techniques, new diagnostic tests and treatments (penicillin, 1941)
   2. Hospitals and Medical Schools Increased
   3. Majority of health problems became chronic rather than acute

II. Chronic Versus Acute Disease
   A. Acute Disease-Defined
   B. Chronic Disease-Defined
      1. "Prevention and treatment is not a one shot affair"
      2. Exact starting date is unknown
      3. A chronic illness is forever

III. A New Perspective
   A. Defining Health
      1. Tabers or other medical dictionaries
      2. World Health Organization
      3. Others
   B. The Layperson's Definition
      1. "a pleasingly plump baby"
      2. "a body which looks good"
      3. "someone without a handicap"
      4. "thin is in"
      5. "something everybody has and deserves and can abuse"
      6. "our bodies are a temple of God"
      7. "why shouldn't I, the doctor can give me some pills to make me well again"
   C. Defining "Disease" and "Illness"
   D. Factors Affecting Health
      1. Biological
      2. Perceptual
      3. Social
   E. The Value of Health
      1. Personal
      2. Societal
   F. The Art of Caring

IV. The Concept of Health Promotion
   A. American Hospital Association
   B. The Surgeon General's Report

Unit I

INSTRUCTIONAL NOTES

The content outline can also serve as a lecture handout in addition to providing structure to the instructor. It is drawn from the following sources:

Jonas - pages 1-36

Williams - pages 3-47

AHA Health Promotion Packet

In addition use can be made of the U.S. Surgeon General's Report on Healthy People (publication 79-55071, US Government Printing Office, 1979)

and Tabors Cyclopedic Medical Dictionary F.A. David Co. Philadelphia, 1977.
or some similar resource.

It is recommended that special projects and site visits be organized beginning with this class session. Refer to the detailed recommendations for the instructor at the beginning of these course materials.

UNIT II

THE HEALTH BELIEF MODEL

General Objective

Upon completion of this unit the student will be able to understand and discuss the difference in health behavior, illness behavior and sick role behavior. He/she will tell how each affects the concept of health and the use of the health care system.

Specific Objectives

The student will be able to:

1. Define the meaning of "health behavior".
2. Describe what is meant by "illness behavior".
3. Discuss the meaning of "sick role behavior".
4. Give specific examples of health behaviors, illness behaviors, and sick role behaviors.
5. List and discuss several health promotion activities.
6. Tell what is meant by patient compliance.
7. Explain the meaning of perceived susceptibility, perceived severity and perceived benefits.
8. Describe and give examples of perceived benefits and outcome costs of certain health behaviors; ie., weight lifting vs. jogging, chewing sugarless gum vs. cigarette smoking.
9. Complete and discuss the framework of the "Health Belief Model".
10. Define demographic variables and give examples.
11. Define sociopsychological variables and give examples.
12. Define structural variables and give examples.
13. Explain the meaning of perceived threat of disease.
14. Define "cues to action".
15. List several perceived barriers to taking preventative action against disease.

CONTENT OUTLINE

I. The Purpose
   A. Definition of health, illness, and sick role behaviors
   B. To explain Differences in Sick Role Behavior
      1. Patient compliance
      2. Medical advice

II. The Structure
   A. Individual perceptions
      1. Perceived susceptibility
      2. Perceived seriousness
   B. Modifying Factors
      1. Demographic variables
      2. Sociopsychological variables
      3. Structural variables
      4. Perceived threat
      5. Cues to action
   C. Likelihood of Action
      1. Perceived benefits of action
      2. Perceived barriers to action
      3. Likelihood of action

III. The Use
   A. Developing a Clearer Understanding of Health and Illness
   B. A Simplified Approach to Helping Others Change Their Health Behaviors

Unit II

INSTRUCTIONAL NOTES

The content outline is drawn from the following resources:

Williams - pages 64,65,74-76

Health Education Monographs 2:344, 1974

The American Journal of Public Health 64:205-216, 1974.

It is suggested that classroom discussion for this unit draw from students' personal experiences and sick role behavior.Small group discussion of some of the issues has proved useful.

Refer to the General Recommendations fo r the Instructor at the beginning of the specific course materials.

UNIT III

ADOPTING A PERSONAL
DEFINITION OF HEALTH

General Objective

Upon completion of this unit the student will be able to state his/her own personal definition of the term health and identify how one's lifestyle affects his/her health.

Specific Objectives

1. Describe the meaning of values clarification.
2. Compare and contrast the layperson's definition of health with a more formal definition.
3. Discuss the concept that medical care is a right.
4. Identify the following terms: cognitive, affective, behavioral, choosing, prizing and deciding as they apply to values clarification.
5. Discuss the meaning of "optimium abilities".
6. Explain the meaning of "self care".
7. Demonstrate the purpose and function of the wellness inventory.
8. Explain how individual lifestyles affect health.

CONTENT OUTLINE

I. Personalizing Health
   A. Values Clarification Defined
      1. Facilitates self understanding
      2. Uncovers what is meaningful to the individual
      3. Identifies those significant values
      4. Focuses on values which are fixed as well as changing or emerging
      5. Choosing, prizing, and deciding
   B. Objectively Creating a Definition
      1. Free thinking, spontaneous definition
      2. Constructive, thoughtful definition
      3. Comparison of 1 & 2 above

II. Putting Values Clarification to Work
   A. Values
      1. An affective disposition towards a person, object, or idea
      2. Acquiring values (7 criteria)
      3. Socialization
      4. Inconsistencies
   B. Values, Attitudes, and Beliefs
      1. Cognitive
      2. Affective
      3. Behavioral
   C. Clarifying Values
      1. Choosing
      2. Prizing
      3. Deciding

III. Valuing Health
   A. The Wellness Inventory
   B. Life Style
      1. Healthy
      2. Unhealthy

IV. Deciding On Health
   A. Individual's Definition of Health
   B. "How will I apply my definition to my own life?"
   C. "How will I apply my definition towards my attitude of others?"
   D. "How will I use my definition in my profession?"

40

Unit III

INSTRUCTIONAL NOTES

The content outline for this unit was drawn from

Steele- pages 1-30
Ardell- pages 1-112

Other values clarification resources are being published in the field of health and health education daily. Of particular use are Simon's original text Values Clarification Strategies for the Classroom available in paperback in most bookstores.

The sections in this unit focusing on how we define health are particularly applicable to small group discussion, brainstorming, and personal journal writing. These techniques are highly recommended as adjuncts to the lecture format listed.

SECTION B

STRUCTURE AND FUNCTION OF THE U. S. HEALTH CARE SYSTEM

UNIT IV

A MULTI-PURPOSE SYSTEM

General Objective

Upon completion of this unit the student will be able to describe the general structure and function of the American Health Care System.

Specific Objectives

1. Describe the health care services available in the earlier states of this country before the 20th Century.
2. Identify the public medical care facilities which became available in the early part of the 20th Century.
3. Discuss the earlier provision of care for the mentally insane.
4. Describe the process of federal government involvement in health care after World War II.
5. Explain the purpose and function of the middle class, middle income American health care system.
6. Describe the poor/minority systems of care.
7. Discuss the purpose and function of the military medical care system.
8. Identify the basic characteristics of the Veterans Administration.

CONTENT OUTLINE

I. Overview of Historical Evolution of Our System
   A. Development of Hospitals
      1. Individual service
      2. Institutionalization
   B. Introduction of the Scientific Method
      1. Generalities
      2. Scientific base

C. Interest in Social and Organizational Structure of Health Care
   1. Financing
   2. Power of the federal government
   3. Health care as a right
D. Era of Limited Resources, Restriction of Growth and Regulation of Effort
   1. Considering Options
   2. Cost benefit analysis
   3. The health planner
   4. Government regulator

II. The Impact Following World War II
   A. Research - federal government
   B. Antibiotics
   C. Hospitals
   D. Need for new personnel
   E. Professionalization and accreditation
   F. Technology
   G. Financing health care

III. The Middle Class System
   A. Individual needs and services
   B. Services coordinated by physician
   C. Financed by personal, non-governmental funds

IV. The Poor/Minority System
   A. Individual services
   B. Majority of services provided by local government agencies or county hospital
   C. No real continuity of services

V. Military Medical Care
   A. All inclusive and omnipresent
   B. No initiation requried by individual to start services
   C. Emphasis on prevention and early disease detection and treatment.

VI. Veterans Administration
   A. Primarily hospital oriented
   B. Patients - male with long term care
   C. Only one part of the benefits available to veterans
   D. Unique relationship with organized consumer groups.

Unit IV

INSTRUCTIONAL NOTES

The content outline for this unit was drawn from Williams - pages 1-32.

Other useful references would be specific information on local or state systems.Special emphasis should be made to refer to those systems, hospitals, and resources which exist in the home communities of the students in the program. Perhaps personal experiences with the systems discussed in this unit will add a feeling of reality to the content.

45

UNIT V

AMBULATORY AND COMMUNITY HEALTH SERVICES

General Objective

Upon completion of this unit the student will be able to describe and give the purpose and function of the ambulatory and community health services available. The student will be able to cite examples of facilities which are available in the local area.

Specific Objectives

The student will be able to:

1. Give a definition of ambulatory and community health services.
2. List 15 different community health services providers and briefly describe their services.
3. Identify the meaning of solo and group practices.
4. Explain the purpose and function of Health Maintenance Organization.
5. List and describe 3 ambulatory services which are available through larger institutions such as hospitals.
6. Identify the term neighborhood health centers.
7. Describe the purpose and function of a community mental health center and give examples in your area.
8. Define the purpose of the U.S. Public Health Service.
9. Define the purpose of the Indian Health Service.
10. Discuss the purpose and function of public health services.
11. Explain the meaning of home health services and give examples of local providers.
12. List 16 services provided by a state public health department.

13. List 18 services provided by a local health department.

14. Identify the name, address and locations of your state and local public health department.

CONTENT OUTLINE

I. Ambulatory and Community Health Services
   A. Defined
   B. Services available

II. Solo Practice
   A. Defined
   B. Specialist
   C. Activities
   D. More direct contact with patient and community

III. Group Practice
   A. Defined
   B. Benefits
   C. Activities

IV. Health Maintenance Organization
   A. Prepayment
      1. Alters incentives
      2. Convenient
      3. Costs

V. Institutionally Based Services
   A. Outpatient Clinics
   B. Ambulatory surgery clinics
   C. Emergency medical service

VI. Governmental Health Centers
   A. Neighborhood Health Center
   B. Migrant Health Centers
   C. Mobile units
   D. Community Mental Health
   E. Indian Health Service
   F. US Public Health Service

VII. Public Health Departments
   A. Purpose
   B. Activities
   C. Services
   D. Home Health Care

VIII. The Organization of Ambulatory Care
   A. The consumer
   B. The provider
   C. The community

Unit V
INSTRUCTIONAL NOTES

The content outline for this unit comes from Williams - pages 93-124. Again, specific reference to local systems and personalization of experiences will flesh out this unit. Outside speakers or site visits may be particularly enriching here; refer to the General Recommendations for the Instructor in the beginning of the Specific Course Materials for important considerations and approaches. A panel discussion would be useful as well.

UNIT VI

THE HOSPITAL

General Objective

Upon completion of this unit the student will be able to describe the structure, purpose, and function of a hospital.

Specific Objectives

The student will be able to:

1. Briefly describe the purpose and function of the hospital.
2. Describe the historical development of the hospital.
3. List and describe 5 major developments in health care which influenced the growth of hospitals into the institution which they are today.
4. List and explain the three classifications of hospitals.
5. Discuss the purpose and function of the public hospitals, the profit hospital and the non-profit hospital.
6. Identify and discuss the organizational structure of a hospital by use of an organizational chart.
7. Discuss the meaning of quality control.

CONTENT OUTLINE

I. Hospitals
   A. Key Resources and Organizational Hub of American Health Care System (2nd-3rd- largest industry).
   B. Central to the Delivery of patient Care.
   C. Central to Training of Healthier Personnel.
   D. Central to the Conduction and Dissemination of Health Related Research.

II. Historical Development
   A. Almhouses and Pesthouses
   B. Community Owned or Voluntary Hospitals

III. Developments in Health Care Affects Transformation of Hospitals
   A. Medical Science Advancement
   B. Technology and Specialization
   C. Professionalization of Nursing
   D. Medical Education Advancements
   D. Health Insurance

IV. Classifications of Hospitals
   A. Length of Stay
   B. Predominant Services Offered
   C. Ownership

V. Community Hospitals
   A. Public Hospitals
   B. For-Profit Hospitals
   C. Not-for-Profit Hospitals

VI. Hospital Structure
   A. Organizational charts
   B. Governing board
   C. Administrators
   D. The Staff
   E. Community Advisory Committees

VII. Regulation of Hospitals
   A. Quality controls - state licensure, federal certification, voluntary accreditation
   B. Facilities and services - planning and certificates of need
   C. Costs controls - state and federal agencies and private third-party purchasers.
   D. Utilization of hospitals - need for care regulations

50

Unit VI

INSTRUCTIONAL NOTES

The content outline for this unit comes from Williams - pages 125-168. A site visit or group tour would be especially relevant to these topics on hospitals and/or a guest speaker. Refer to the guidelines uggested in the General Recommendations for the Instructor. Up to date and locality relevant information are important here; even if you choose not to have students interview or visit your local or regional hospitals you may want to do so yourself in your initial preparation for this unit. Resource persons in local hospitals, medical and nursing schools are also useful, as is comparitive information from other states or parts of the country.

UNIT VII

THE NURSING HOME

General Objective

Upon completion of this unit the student will be able to discuss the role of the nursing homes in our country.

Specific Objectives

The student will be able to:

1. Briefly describe the historical development of nursing homes.
2. List and describe 8 possible characteristics of typical nursing home patients.
3. Define the term senility.
4. Define the term geriatric.
5. Explain how and why a person might be classified according to his "level of dependency" and his "level of care".
6. Briefly describe how nursing home care is financed.
7. Identify and discuss the orginazation structure of a nursing home.

CONTENT OUTLINE

I. Characteristics of Patients
   - A. Elderly
   - B. Chronically Ill
   - C. Mentally Insufficient

II. Evolution of Nursing Homes
   - A. Cottages and Boarding Houses for Elderly
   - B. 1950-Federal support of the physically disabled was added
   - C. Standard of Care and Incentives to Grow

III. Medicare Medical Support

IV. Staffing the Nursing Home
   - A. Organizational Charts
   - B. Personal and Professional Requirements

1. RN's, LPN's, Aides, Orderlies, Social Workers, etc.
2. Warm, sincere, loving, kind, honest, efficient, concerned

V. Characteristics of Care
   A. Physical care
   B. Mental/Emotional care
   C. Social care

Unit VII

INSTRUCTIONAL NOTES

The resource for this content outline is Williams - pages 169-197. Student activities, particularly volunteer time put in at local or hometown nursing homes would be particularly relevant as would reports from state regulatory agencies or comsumer medical advocacy groups.

It might be interesting to use as a special project an experience of being disabled. For example, have students spend all of one evening going about their regular activities in one of the following conditions and then report on their feelings and experiences:

1. blindfolded OR wearing someone else's glasses
2. on crutches, using a walker, or in a wheel chair
3. with a block of wood under one heel
4. with their kneels wrapped in elastic bandages or magazine splints
5. wearing gloves
6. wearing earmuffs or ear plugs
7. 1,3,4,5 and 6 all at the same time!

SECTION C

THE FINANCING OF HEALTH CARE

UNIT VIII

THE EVOLUTION OF OUR PRESENT SYSTEM

General Objective

Upon completion of this unit the student will be able to explain the process of events which lead up to the implementation of our present system of payment for health care.

Specific Objectives

The student will be able to:

1. Identify the estimated percent of population who had health insurance in the early 1940's as compared to the present time.

2. Identify the number of Americans who in 1974 had:
   a. no hospital insurance
   b. no insurance for doctor office visits
   c. no dental insurance
   d. no insurance for nursing home care
   e. no insurance for prescription drugs

3. List three major sources of insurance coverage.

4. Describe the meaning of direct payment from consumer to provider.

5. Explain what is meant by "government resources" for health care coverage.

6. Discuss the concept of private insurance companies; profit and nonprofit.

7. Identify when and how Medicare and Medicaid evolved.

CONTENT OUTLINE

I. Evolution of Health Insurance
   A. 1940 - less than 10% of population covered
   B. 1948 - began voluntary health insurance
   C. 1974 - still 42 million without hospital insurance

1. 123 million with insurance for doctor office visits
2. 168 million without dental insurance
3. 127 million without nursing home care
4. 67 million without prescription drug insurance coverage

II. Sources of Insurance Coverage and Their Evolution in the the System
   A. Government Resources
      1. Medicare
      2. Medicaid
      3. Other
         a. Veterans Administration
         b. Military Medical care
         c. Workmens Compensation Benefits
         d. Public Health Service, Indian Health Service, Maternal and Child Care Programs, Vocational Rehabilitation, Substance Abuse and Mental Health
   B. Private Insurance
      1. profit
      2. Not-for-profit
   C. Direct payment/fee for service

Unit VIII
INSTRUCTIONAL NOTES

The content outline for this unit is drawn from the following resources:

Knowles - pages 193-202
Williams- pages 287-231
Jonas - pages 272-307

Additional inforamtion can be gathered from local insurers themselves. The best experience for the students to illustrate this unit is for them to analyze their own (their family's) health insurance coverage. Since this needs someinformation gathering on their part, the assignment needs to be made several classes or even weeks prior to its use, or it needs to be a sspecial report or project.

Another source of detail for this unit would be to invite class presentations from insurance sources of particular interest to your region - e.g. Military or veterans support, Indian Health Service, etc. Of particular interest may be the way insurance and thrid party payers in your state reimburse for mental health care or for drug and alcohol abuse; at the least these areas of increasing concern to our society should be given comparison to our coverage for more traditional physical medical care. This also relates to the issue of what type of care giver (medical doctor, psychiatrist, psychologist, other medically related professions) must be involved for insurance coverage to be available. Another rapidly changing area may be dental insurance.

UNIT IX

GOVERNMENT RESOURCES

General Objective

Upon completion of this unit the student will be able to discuss the purpose and functions of Medicare, Medicaid and other governmental resource funding of health medical care services.

Specific Objectives

The student will be able to:

1. Identify the year in which Medicare became effective.
2. Describe the government agency responsible for implementation of Medicare and Medicaid.
3. Identify another commonly used code name for Medicare (Title XVIII) and give the reason for this title.
4. Describe the type of coverage offered under Part A of Medicare.
5. Describe the type of coverage offered under Part B of Medicare.
6. Explain to whom and why Medicare coverage is offered.
7. Explain the sources for funding of Medicare, Part A and Part B.
8. Discuss the coverage cirteria for Medicare.
9. Identify the state and local agencies available for information on Medicare and Medicaid.
10. List and describe 6 services available through Medicaid.
11. Identify and discuss 5 additional options provided by Medicaid.
12. List and describe 4 other government supported resources.

CONTENT OUTLINE

I. Medicare - Title XVIII
   A. Part A Coverage
   B. Part B Coverage
   C. Eligibility
   D. Agencies responsible for its implementation

II. Medicaid Title XIX
   A. Coverage
   B. Eligibility
   C. Agencies responsible for its implementation

Unit IX

INSTRUCTIONAL NOTES

The content outline for this unit is drawn from the following resources:

Knowles - pages 193-202

Williams - pages 287-321

Jonas - ages 272-307

This is simply an extension of the preceding unit, with a focus on government support for health care. A newly developing issue which might be researched for your state is the issue of health care for handicapped adopted children.

Since an outside speaker may be needed for this unit, refer to the notes and guidelines in the General Recommendations for the Instructor.

UNIT X

PRIVATE HEALTH INSURANCE

General Objective

Upon completion of this unit the student will be able to describe the purpose, function and varieties of private health insurance coverage.

Specific Objectives

The student will be able to:

1. Compare and contrast the purpose and functions of non-profit and profit making insurance companies.
2. Give examples of non-profit making insurance companies.
3. Give examples of profit making insurance companies.
4. Describe the criteria for payment for private insurance coverage.
5. Describe the terms of group health insurance.
6. Discuss the meaning of hospital expense insurance, surgical expense insurance and dental expense insurance.
7. Explain the meaning of "loss of income protection".
8. Compare and contrast regular medical insurance and medical expense insurance.
9. Define the meaning of Fee-for-Service or Direct Payment.
10. List those medical professions who might receive payment for services through direct payment.
11. Describe what is meant by "independent plans" and give examples.

CONTENT OUTLINE

I. Non Profit Insurance Companies
   A. Eligibility Criteria
   B. Payment Plans

C. Agencies
D. Services Offered

II. For Profit Insurance Companies
A. Eligibility Criteria
B. Payment Plans
C. Agencies
D. Services Offered

III. Fee for Services: Pros and Cons

IV. The Individual Plans
A. Health Maintenance Organization
B. Others

Unit X

INSTRUCTIONAL NOTES

The content for this unit is drawn from the following sources:

Knowles - pages 193-202

Williams - pages 287-321

Jonas - pages 272-307

The student involvement in interpreting their own insurance coverage may be continued during this unit as well as those preceding.

SECTION D

CONSUMERISM IN HEALTH

UNIT XI

THE PHYSICAL EXAMINATION

General Objective

Upon completion of this unit the student will be able to discuss the functions and purposes of a physical examination.

Specific Objectives

The student will be able to:

1. Explain the meaning of medical advice and information provider.
2. List four health care measures available to the consumer.
3. Discuss the purpose and meaning of a "Health Risk Profile".
4. Discuss the purpose and meaning of the annual physical examination.
5. Compare the use of a Health Risk Profile to an annual physical examination.
6. Define the meaning of Multiphasic Screening.
7. List 4 general symptoms which would suggest acquiring immediate medical advice.
8. Explain and give several examples of immunization.

CONTENT OUTLINE

I. Medical Advice Is As Sound As It Can Possibly Be
   A. Information is Always Changing
   B. The Information Provider, What and Who
      1. Physician
      2. Nurse
      3. Health Educator
      4. Social Worker

II. Preventive Medicine
   A. The Check Up
      1. Often required by schools, companies employers, and armed services

2. Often replaced by "Health Risk Profile"
3. Does not always provide appropriate information
4. Time consuming and expensive

B. Multiphasic Screening
1. Series of lab tests to detect abnormalities
2. Controversial issue with many pros and cons

C. Early Treatment
1. Seek medical advice for specific symptoms
a. A breast lump
b. Unexplained weight loss
c. Coughing up blood
d. Fever lasting for more than a week

D. Immunization
1. Many diseases have not been erradicated
2. Immunize according to recommended schedules

III. Explore the Personal Feelings about Physical Exams
A. Embarrassment
B. The insensitive examiner
C. The examiner who insults your intelligence
D. The confident and knowledgeable examiner
E. Other

IV. Pros and Cons of Health Risk Profile
A. Less Expensive
B. Could Take Longer to Get Results
C. Often Requires an Interpreter
D. Easy to Complete and Can be done at Home at Your Leisure
E. Other

Unit XI

INSTRUCTIONAL NOTES

The information for content outline for this unit has been drawn from Vickery - pages 1-16 and 75-103. Other consumer health guides may also be available in your area, including some produced by pharaceutical houses. It maight be a good idea to obtain copies of some type of guide for each student in the class if Vickkery is not a required purchase.

Of particiular interest here may be a group of materials developed for use in drug education for the elderly called Elder ed ; it should be available from your state office for drug and alcohol education and possibly from local offices.

UNIT XII

CHOOSING YOUR PHYSICIAN

General Objective

Upon completion of this unit the student will be able to choose a physician suitable to his needs based on observations of his symptoms and the service available to the consumer.

Specific Objectives

The student will be able to:

1. List 4 specific resources that an individual when new to an area, may use when looking for a physician.
2. Explain the purpose of a local medical society.
3. List several categories of specializations for physicians as described in the local yellow pages of the phone book.
4. Describe the function of a family practice physician.
5. List 4 additional terms used to refer to a family practice physician.
6. List 3 physician specialists which do not have direct patient contact.
7. Describe the function of an obstetrician-gynocologist.
8. Describe the responsibilities of a specialist in Internal Medicine.
9. Compare and contrast the duties and responsibilities of the optician, ophthalmologist, and optometrist.
10. Define the function of a chiropractor.
11. Describe the duties of a pediatrician.
12. Identify 7 types of surgeons.
13. Explain the duties of an orthopedist.
14. Explain the difference between a psychologist and a psychiatrist.

15. Compare and contrast the purposes of solo and group practice and give examples of each.

16. Define the duties of physician's assistants.

17. Define the duties of a nurse practitioner.

18. List several categories of specialization for a nurse practitioner.

19. Identify 5 steps a physician uses when organizing information about an individual during a physical examination.

20. List 10 questions to ask yourself about your physical condition before visiting a physician for an examination.

21. Demonstrate and describe the means and purpose for determining body temperature.

22. Identify normal body temperature.

23. Describe what is meant by the term pulse.

24. Identify normal pulse rate.

25. Describe and demonstrate the method for calculating pulse rate.

26. Describe and demonstrate the purpose and function of self breast examination.

CONTENT OUTLINE

I. The Multitude of Physicians to Choose From
   A. The General Practitioner
      1. Often refers patients to other physicians but seldom receives referrals
      2. Often the initial contact between patient and medical establishment
      3. Coordinates patient's care and accepts responsibility for continued care of patient
      4. Performs a wide variety of services
      5. Usually has some training in internal medicine, pediatrics, and gynecology
      6. Sometimes performs both major and minor surgery but most often refers those patients to a specialist
   B. The Specialist
      1. 5 major clinical specialties include
         a. Internal medicine
         b. Surgery

c. Pediatrics
d. Obstetrics and gynecology
e. Psychiatry

2. Specialist who don't receive patients directly
   a. Radiology
   b. Clinical pathology
   c. Aneathesiology

C. The Subspecialists (examples)

1. Internal Medicine
   a. Cardiology - heart
   b. Dermatology - skin
   c. Neurology - nervous system
   d. Nephralogy - kidney

2. Surgery
   a. Ophthalmology - eye
   b. ENT - ears, nose, throat
   c. Thorasic - chest
   d. Cardiac Surgery - heart
   e. General surgery - abdominal
   f. Plastic surgery - cosmetic or reconstructive

3. Pediatrics
   a. Cardiology
   b. Surgery
   c. Neurology

II. Solo and Group Practice

A. Solo Practice - a physician without partners or organizational affiliation

1. May be a GP, a specialist or a subspecialist
2. May be the only physician in a small community
3. May employ a physicians assistant or nurse practitioner for assistant
4. "on call" means a physician is available by phone of other means of communication when he/she is not in his/her office

   One physician may be "on call" for another physician if physician number one is out of town or unavailable. Physician number two takes responsibility for physician number one's patients when he/she is "on call".

B. Group Practice - several physicians working together usually out of one main building or office in order to (1) share night and weekend coverage, (2) lower cost of office expense, and (3) offer consultation to each other

1. May also be called a partnership
2. May range in numbers from 2-100's
3. Some advantages to the consumer include (a) ability to receive a variety of medical specialties out of one office, (b) may receive extensive educational information, (c) greater guarantee of receiving physician attention when more persons are on call.
4. Some disadvantages may be
   a. They could be more expensive
   b. You may or may not see the same physician more than once
   c. Relationships between patient and physician could be more impersonal in larger medical practices

Unit XII

INSTRUCTIONAL NOTES

The content outline for this unit has been drawn from Vickery - pages 17-29 and 105-127. Other resources are local medical schools and medical societies. However, care should be taken in gathering information from traditional medical personnel not to automatically down rate the newer professional and paraprofessional specialities, for example nurse mid-wifery. Also care should be taken when discussing the fringe areas of medical care to be honest about their status in the traditional communty while fairly representing their positive elements.

The clear non-treatment role of the rural health promotion degree should be emphasized at this time as well.

UNIT XIII

FOLLOWING YOUR PHYSICIAN'S ADVICE

General Objective

Upon completion of this unit the student will be able to identify the significance of following a physician's advice about an individual's medical care.

Specific Objectives

The student will be able to:

1. Describe the purpose and function of taking oral medication exactly as prescribed by a physician.
2. Identify the purpose and function of antibiotics.
3. Describe and give examples of two illnesses (diabetes and ulcers) which require strict adherence to diet and medication treatment.
4. Explain the meaning of "compliance".
5. Identify 5 questions which are necessary to ask in order to avoid misunderstanding your physician's prescription for treatment.
6. Identify and describe 5 points to consider when setting up your first aid supplies for home use.
7. Describe the purpose and function of medication labels.
8. Compare and contrast the terms Generic and Brand name drugs.
9. Define the terms contraindication, side effects, and drug actions and give examples of each.
10. Compare and contrast over-the-counter drugs to prescription medications.

CONTENT OUTLINE

I. Understinding Your Diagnosis
   A. Cause of Illness
   B. Defining the Illness
   C. Outcome of Illness (what to expect)
   D. Infections vs. noninfections
   E. Immunity vs. reoccurrence

II. Understanding Your Treatment
   A. Drugs
      1. Antibiotics, tranquilizers, antacids, vitamins, etc.
      2. Action, side effect, schedule, over or under dosage
   B. Dressings
      1. Technique of application
      2. Frequency of appkication
      3. Medications to apply
      4. Hot vs. cold vs. dry
   C. Activity:
      Bedrest, elevation of extremity, isolate from others, etc.

III. Problems Incurred with Treatment
   A. Cost
   B. Job restrictions
   C. Living alone
   D. Diet
   E. Other

IV. Sticking with the Treatment
   A. Compliance
   B. Responsibility
   C. Cure vs. relapse
   D. Possible infestation of others

Unit XIII

INSTRUCTIONAL NOTES

The content outline for this usit is drawn from Vickery - pages 30,31 and 129-157.

Local and state agencies for alcohol and drug abuse often address the issue of responsible use of medications and can give some guidance on the rather "hot" issue of compliance versus over medication by physicians. Pharmacists are very informative in these areas as well.

An excellant learning experience for students is to define a placebo regime and ask students to follow it for one week, then discussing the emotional and life style issues of compliance. An example of this might be -

1. on rising daily, apply alternating hot and cold cloths to the face (each remaining there for 3 minutes) for a total of 3 exposures to each.

2. daily, at noon, eat a raw carrot
3. every four hours while awake, stopwhat you are doing, get a drink of water, and count to 50.

UNIT XIV

SELECTING THE APPROPRIATE FACILITY

General Objective

Upon completion of this unit the student will be able to choose the medical/health care facility appropriate to his needs.

Specific Objective

The student will be able to:

1. List 7 different type facilities available for medical/health care services and give examples of each in your area.
2. Describe the purpose and function of a hospital.
3. Compare and contrast the purpose and function of a private, public and a teaching hospital. Give an example of each in your community.
4. Identify the uses of an emergency room of a hospital.
5. Give examples and descriptions of those individuals employed in a hospital emergency room.
6. List 5 basic disadvantages for using the E.R. as your only medical resource.
7. Describe the difference between a convalescent and a nursing home facility.

CONTENT OUTLINE

I. Facilities to Select From
   A. Hospitals
      1. Private hospital (give examples in your area)
         a. Supply 50-400 beds for patients
         b. Usually nonprofit
         c. Sometimes owned by local physicians
         d. Can be aided by government funds
      2. Public Hospitals (give examples in your area)
         a. Includes city, county, public health services, military and Veterans Administration hospitals

b. Supply 500-1000 beds
c. Have a permanent full-time staff with physicians on duty at all times. They usually have a "house staff" with interns and residents in the building around the clock.
d. Supported by federal, state, and local funds as well as donations.

3. Teaching hospital
a. Associated with a medical school
b. Supply 300-2000 beds
c. Have interns, residents, and usually medical students on the hospital floors. The patients care will be coordinated by a number of physicians often leaving them feeling confused and impersonalized
d. Usually perform a great deal of research and technical surgical operation
e. Because of their interest in research these hospitals tend to perform many new and elaborate laboratory procedures which can be costly and time consuming.

B. Emergency Rooms
1. Misused as substitute for personal physician
2. Used in the middle of the night or weekends
3. Often used for routine problems (colds, headaches)
4. Disadvantages
a. Limited provisions for follow-up care
b. Rarely see the same doctor
c. Attention to main problem not a complete physical
d. Real emergencies go first, long waits
e. Not all ER's are covered by medical insurance

C. Short Term Surgery Clinics
1. Relatively new
2. Only over night stay at the most

D. Free or Fee Paid Clinics
1. Immediate or short term diagnosis and treatment for V.D., pregnancy, drug abuse, mental health problems, etc.
2. Sliding scale fees

E. Convalescent Homes
1. Rehabilitation
2. Short term-long term care

F. Nursing Homes
1. Residential
2. Nursing care
3. Long term care

II. Choosing the Right Place for You
A. Identify the needs
B. Review choices
C. Decide on the one which meets the majority of your needs
D. Call for appointment and discuss your needs to confirm your choice.
E. Be on time for appointment and to the point.

Unit XIV

INSTRUCTIONAL NOTES

The content for this unit has been drawn from Vickery - pages 33-37 and 159-215.Other resources are, of course, speakers or consultants from the various types of setting available within your state. Refer to the General Recommendations for the Instructor for ideas on utilizing outside resources in the classroom.

UNIT XV

AVOIDING THE "RIP-OFF"

General Objective

Upon completion of this unit the student will be able to identify misleading and false information for health care products. The student will be able to choose products and services which are more healthful and appropriate to individual needs.

Specific Objectives

The student will be able to:

1. Identify and give examples of the methods used in advertising medically fraudulent products.
2. List several products misadvertised for public use.
3. Explain the possible motives for distribution and sales of fraudulent products.
4. Explain what is meant by testimonials.
5. Describe the misuse of coupons and guarantees in advertisement of medical products.
6. Identify several national professional organizations whose approval of a product establishes the credibility of that product.
7. Identify and discuss the services of the national consumer organizations.
8. List and explain the major questions to answer about a product before purchasing it.
9. Describe how weight control products are often misrepresented in advertisements.
10. Explain the clues to misrepresentation of weight control products.
11. Discuss how arthritic treatments are falsely advertised.
12. Define acupuncture.
13. Identify and explain the target age groups for false advertisements.

14. Compare and contrast advertisements for aspirin.

15. Discuss the difficulties surrounding misadvertisement for "cures" of chronic and or fatal diseases (cancer, high blood pressure, and arthritis).

CONTENT OUTLINE

I. How to Recognize a Dishonest Marketeer
   - A. His Motives
     1. Money
     2. Publicity
     3. Other
   - B. Sales Routine
     1. Vague and misleading
     2. Quick and easy
     3. "Contains an ingredient recommended by doctors."
     4. Testimonials
     5. Before and after pictures
   - C. What Do the Experts in the Field Use?
     1. Megavitamins vs. proper nutrition
     2. Fad diets
     3. Copper bracelets
     4. Other
   - D. Does the Product Make Sense?
     1. Roll off fat
     2. Creams to reduce breast size
     3. Lambs embryo to make you young again
     4. Other

II. Advertising
   - A. T.V. and Radio
     1. Weight loss in just 19 days
     2. Megavitamins
     3. $19.95
     4. 1-800-666-6666
   - B. Newspapers
   - C. Magazines at the Checkout Counters
     1. Catchy headings
     2. False information
   - D. Phone Surveys
   - E. Door to Door Visits

III. A Common Target
   - A. Products
     1. Weight loss diets
     2. Exercise machines
     3. Arthritis cures
     4. Vitamins

B. People
   1. The elderly
   2. Young housewives
   3. Children
   4. Men/women on the go

Unit XV

INSTRUCTIONAL NOTES

The content outline for this unit comes uses Vickery - pages 217-262. Other consumer health care books are available from public bookstores.

This is a excellant topic area for student special projects, with teams or individual students exploring local television, radio, and print media. Especially seek out any print media going specifically to rural homes (such as newsletters for rural electric cooperatives, etc.) State offices for consumer affairs, Better Business Bureaus and similar organizations should be excellant sources of particular problems in your state, as may be the state or local court systems.

SECTION E

ETHICS AND ISSUES IN HEALTH CARE

UNIT XVI

DEVELOPING A PERSONAL CODE OF ETHICS

General Objective

Upon completion of this unit the student will be able to describe methods which were used to develop a personal code of ethics. The student will be able to describe his own personal code of ethics relative to health care.

Specific Objectives

The student will be able to:

1. Give a definition of ethics.
2. Define medical ethics.
3. Define ethics for rural health providers by use of substitution of terminology in the definition of medical ethics.
4. Describe generally how an individual develops a personal code of ethics.
5. Explain what is meant by professional code of ethics.
6. Compare and contrast the historical medical pictures of Vigevano and Versalius.
7. Describe how the impact of medical technology could influence interactions between medical professionals and patients/consumers.
8. Describe the purpose studying and understanding one's feelings about ethical issues before working with patients/consumers who may be concerned about these same issues.
9. Explain the Principle of Double Effect, using an example. (Yezzi, pg. 13)
10. Compare and contrast what is meant by the term, a right.
11. Discuss the distinction which exists between rights and responsibilities of individuals.

12. Describe the Search and Test Method of Decision Making and explain its possible applicability in working with consumers.

13. Define "Ideal Principles" and describe its use in ethical decision making.

14. Explain the term "Reality Principles" and give examples of its use in decision making.

15. Compare and contrast the use of "Conflict Principles" in the decision making process.

CONTENT OUTLINE

I. Defining Ethics
   A. Tabers Dictionary
      1. Convert the meaning to describe the ethics of rural health work by substituting the terms rural health worker with physician.
      2. Personalize the definition

II. Exploring Your Attitudes
   A. Make "I feel" statement
   B. Determine the Alternatives
   C. Review the Alternatives
   D. Make Your Decision
   E. Hold on to Your Decision
   F. The Search and Test Method
   G. The Ideal and the Reality Principles
   H. The Conflict Principle

III. Challenging Principles
   A. The Principle of Totality
   B. The Principle of Double Effect

IV. Freedom and Individuality Your Right to Choose
   A. What is "A Right"?
   B. What is Responsibility?
   C. Is There a Difference?

Unit XVI

INSTRUCTIONAL NOTES

The major resource for this unit is Yezzl - pages 1-47. It is especially important that this unit go beyond formal presentation of material in the classroom and become a personal learning experience for each student. Again, brainstorming, discussions groups, personal journal writing are all good tools for personalizing this material. Numerous moral dilemma situations exist in values clarification literature including "the kidney machine," "the life boat," "the fall out shelter" etc. which could be used to generate discussion and sensitive issue areas.

UNIT XVII

EXPLORING CONCEPTS ON
DEATH AND DYING

General Objective

Upon completion of this unit the student will be able to discuss many pro and con issues related to euthanasia. The student will also demonstrate the ability to offer information without enforcing a bias opinion upon the consumer.

Specific Objectives

The student will be able to:

1. Identify the impact that Karen Ann Quinlan's case made on the issue of "the right to die".
2. Explain what is meant by "death is a process".
3. List the conditions which establish a permanently non-functioning brain as defined by the Harvard Report.
4. Identify and discuss the following terms:
   a. Euthanasia
   b. Passive Euthanasia
   c. Active Euthanasia
   d. Voluntary Euthanasia
   e. Involuntary Euthanasia
   f. Nonvoluntary Euthanasia
   g. Anti-Euthanasia
5. Discuss the meaning of "ordinary means of preserving life and extraordinary means of preserving life".

CONTENT OUTLINE

I. Death Becomes an Issue of Public Concern
   A. Karen Ann Quinlan
   B. Death with Dignity
   C. Defining "death" - Harvard Report
   D. Death as a Process
   E. Life as a Process

II. Euthanasia
   A. Passive Euthanasia
   B. Active Euthanasia

8.

C. Voluntary Euthanasia
D. Involuntary Euthanasia
E. Nonvoluntary Euthanasia
F. Anti-Euthanasia

III. Preserving Life
A. Life Support Systems
B. Cost of Dying

Unit XVII

INSTRUCTIONAL NOTES

The content outline for this unit has been drawn from Yezzi - pages 109-130.

A potent resource for classroom experiences, as well as consultation on this unit, are Hospice programs. Particularly useful may be sections taken from their volunteer training programs whcih deal with personalizing these concepts.

Another source is published material, especially on the elderly and the very young (Gramps , a photography essay on dying and the elder is excellant) Other resources include staff in medical ethic from medical and nursing schools, chaplins and pastors for hospitals, and special organizations such as Compassionate Friends (devoted to the needs of parents whose children have died)

UNIT XVIII

EXPLORING CONCEPTS OF ABORTION

General Objective

Upon completion of this unit the student will be able to discuss many pro and con issues related to abortion. The student will also demonstrate the ability to offer information without enforcing a bias opinion upon the consumer.

Specific Objectives

The student will be able to:

1. Identify and discuss the following terms:
   a. abortion
   b. spontaneous abortion
   c. therapeutic abortion
   d. indirect therapeutic abortion
   e. direct therapeutic abortion
   f. amniocentesis
   g. dilatation and curettage (D&C)
   h. suction curettage
   i. saline injection

2. List four concepts which can identify the moment at which human life begins.

3. Discuss the significance of certain statistical data on the issue of abortion.

4. Identify your state guidelines for abortion.

5. List and describe three general issues which reoccur on the subject of abortion.

CONTENT OUTLINE

I. The Meaning of Abortion
   A. Abortion
   B. Spontaneous Abortion
   C. Therapeutic Abortion
   D. Indirect Therapeutic Abortion
   E. Direct Therapeutic Abortion
   F. Amniocentesis
   G. Dilatation and Curettage (D&C)
   H. Suction Curettage
   I. Saline Injection

II. Concepts on Human Life
   A. Human Life Begins at Conception
   B. Human Life Begins at 12 Weeks of Development
   C. Human Life Begins at the Point of Viability
   D. Human Life Begins at the Point of Conscious Self-Awareness

III. The Issues
   A. The Sanctity of Life and That it Requires
   B. Being a Person
   C. Freedom and a Woman's Right to Control Her Own Body

Unit XVIII

INSTRUCTIONAL NOTES

The content for this unit has been drawn from Yezzi - pages 51-68.

Care should be taken in this unit to accurately represent the issues on all sides of the abortion controversy without making one set of values "required" for the course. A carefully controlled panel discussion, or a series of speakers may be the best methods for approaching this need for balance.

Be sure to refer to the ideas in the General Recommendations for the Instructor. Especially in highly emotional issues, clear guidelines need to be given to resources from outside the classroom.

SECTION F

HEALTH CARE IN THE FUTURE

UNIT XIX

TECHNOLOGICAL RESOURCES

General Objective

Upon completion of this unit the student will be able to explain the technological advances which have been made in medicine and described many that are not available.

Specific Objectives

The student will be able to:

1. Identify the term, life support system.
2. Give examples of diagnostic and monitoring equipment.
3. Identify the term "Quack".
4. Compare and contrast the diploma mills to the medical schools of today.
5. Explain the surge which took place in scientific medicine following World War II.
6. Identify and give examples of voluntary health agencies.
7. List and explain 3 major trends in health research.
8. Discuss the 3 major trends in medical technology and give examples of each.
9. Identify and discuss the impact of increased technological advancement.
10. Describe the possible future forecast for medical technology.

CONTENT OUTLINE

I. Historical Developments
   A. Examples of New Advances
      1. Life support systems
         a. Respirators
         b. Intravenous feedings
      2. Electron Microscope
      3. Diagnostic equipment

a. Blood test
b. X-ray
c. Urine test
d. Spinal test

4. Monitoring equipment
a. EKG-electrocardiogram
b. EEG-electroencephalogram
c. CVP-central venous pressure

B. Medical Schools

1. Diploma mills
a. Numerous
b. Low quality
c. Little research

2. Flexner Report
a. 1910
b. Critically assessed medical education created the change

3. Highly research oriented today
a. Great deal of quality control
b. Associated with community hospitals
c. High entrance and exit requirement

4. Quacks
a. Limited education
b. Unqualified credentials

C. Post World War II Effect

1. Brought about the change towards biomedical research
2. Senator Nealey - initiated investigation of cancer research
3. National Institute of Health
4. Voluntary Health Agencies
a. American Cancer Association
b. American Heart Association
c. Muscular Dystrophy Association
d. American Diabetic Association

II. Major trends

A. Research of "risk factors"

1. Smoking
2. Diet
3. Exercise
4. Hereditary factors

B. Sophisticated Diagnostic Process

1. Laboratory test
2. Intrinsic Energy Sources
3. Extrinsic Energy Tests
4. Computerized Axial Tomography (CAT SCAN)
5. Diagnostic Ultra Sound
6. Radioisotopes
7. Thermography

III. The Impact of Technological Advancement
   A. The Patient
   B. The Patients Family
   C. Society at Large
   D. The Legal System
   E. The Health Services System
   F. The National Economy

IV. Possible Future Forecasts
   A. Assessment
   B. Planning
   C. Quality vs. Quantity

Unit XIX

INSTRUCTIONAL NOTES

The content outline for this unit has been drawn from Wiliams - pages 227-255. While it may be interesting to use outside resources to gather the most recent developments in innovative treatment, the focus of this unit should be heavily on the impact of technological advancements on the consumer and on society. The costs and who bears them is an important issue.

UNIT XX

COMPUTER AWARENESS

General Objective

Upon completion of this unit the student will be able to demonstrate a basic knowledge of computers, main frame, minicomputers, and microcomputers and their uses in health care.

Specific Objectives

The student will be able to:

1. Identify the physical parts of a computer terminal/ micro-computer.

2. Demonstrate the procedure for "turning on" a computer terminal/micro-computer.

3. Describe and demonstrate the procedures for using an existing program (both in computer memory AND from disk or tape), including access, data entry and retrieval, display and output, and sign off.

4. Discuss the similarities and differences between a main frame, minicomputer, and microcomputer, including the relative advantages and disadvantages.

5. Identify ways that various types of computers are used in the health care field, with special emphasis on educational uses.

6. Discuss issues of computer phobias, depersonalization, and other social impacts of computers on society.

CONTENT OUTLINE

I. Types of computers used in medical care and purposes
   A. Records; entry, retrieval, and issues of confidentiality
   B. Data, research, modeling, analysis and synthesis
      1. computer as adjunct to the laboratory
      2. computer as diagnostic tool (CAT scans, etc.)
      3. computer as laboratory
   C. Diagnosis; flow charting, data compilation and comparison, speed
   D. Education; drill and programmed learning, modeling and practice, creative learning and motivation

II. The solid state revolution
   A. Development time
   B. The public, professional knowledge gap
   C. Main frame, mini, micro; changes in physical size, abilities, and capacities
   D. Future directions

III. Issues and myths
   A. Computer control ("out of control")
   B. Depersonalization of systems and people
   C. Personalization/anthropomorphizing of hardware and software
   D. Computer phobias
   E. "our computer won't do that"
   F. Computer literacy

IV. The computer - human connection
   A. Terminals/keyboards and other input devices - components and functions
   B. Data entry, storage, retrieval, manipulation, display, permanent copy
   C. Input/output devices (computer to computer, computer to apparatus)
   D. Programs and programming
      1. thinking like a machine; flow charts, if/then, loops, goto, sub-routines
      2. languages and operating systems
      3. existing programs (refer to catalogues, magazines, users groups)
   E. Using the computer
      1. using existing programs, types of input
      2. user friendly programs
      3. programming; the developmental team; the programmer

Unit XX

INSTRUCTIONAL NOTES

No good resource for all the topics in this unit is to be found. However, you can use faculty from computer science departments as well as trainers from local micro-computer stores to cover the basic information on parts of these machines and general methods for using them. Staff of local hospitals, health departments, and especially University or College faculty who specialize in community or patient health education are good resources. National journals on health education, the popular magazine psychology Today and computer journals often carry articles on uses of computers.

Since this is such a new area, it lends itself to use as a library research project by a group of students. Whatever the outcome of literature searches, interviews, and guest speakers, student and instructor results should be compiled and distributed to the entire class in typewritten form.

Obviously, this unit above all the others, requires hands-on experiences, both with terminals from large computers and with mico-computers of a variety of types. Learning to program is not the issue here; comfort and broadness of knowledge is. Students with experiences from other courses should share that expertise.

UNIT XXI

THE SELF CARE MOVEMENT

General Objective

Upon completion of this unit the student will be able to discuss the evolution of the present existence and future implications of the self care movement.

Specific Objectives

The student will be able to:

1. Discuss the health professional's responsibility in health promotion.
2. Identify 7 reasons why an individual would want to learn self care.
3. Compare and contrast the impact of a health care provider who is open to communication and one who is closed to communication.
4. Discuss the pros and cons of providing the laypersons with medical information.
5. Identify and describe 4 particular areas which demonstrate future interest in health promotion.

CONTENT OUTLINE

I. The Physician's Responsibility
   - A. Diagnosis
   - B. Treatment
   - C. Education

II. Rationale for Interest in Self Care
   - A. To save money on health expenses.
   - B. To be able to take better care of their family's health, to be able to make effective family health decisions.
   - C. To take more responsibility for their own illness care.
   - D. To learn how to hook into the medical system
   - E. To learn about their bodies and how they work.
   - F. To feel more confident in dealing with family illness.
   - G. To develop a healthier life style through knowledge of exercise, nutrition, smoking cessation, and stress management.

III. Communication
   A. "Idon't know. How do you suppose we'd go about finding out." (A physician's response)
   B. Self care communications skills are being taught in a number of medical schools as a result of a project sponsored by Association of American Medical Colleges.
   C. Why is medical information kept so secret?
      1. The layperson may not have adequate knowledge to interpret the information he receives
      2. Laypeople who try to treat themselves based on limited knowledge can harm themselves.
      3. Limited information can induce unnecessary fear.
      4. Limited information can also create an unconcerned attitude when further information or treatment may be necessary for recovery.

IV. A Look at the Future Interest in Health Promotion
   A. Political Leaders
   B. Business and Industry
      1. Cost of health insurance premiums
      2. Cost of disability insurance
      3. Early retirements
      4. Sick days
   C. Senior Citizens
   D. School Systems

Unit XXI

INSTRUCTIONAL NOTES

The content for this unit is drawn from Ardell - pages 1-62 and from John W. Farquhar's paperback book The American Way of Life Need Not be Hazardous to Your Health New York:W.W. Norton and Company, 1978.

In addition books like Our Bodies, Ourselves are useful. Use the classes developing perceptions to discuss less than reputable sources of information on self care. If there is a Health Maintenance Organization in your state, its personnel may have useful handouts.

SUPPLMENTARY MATERIALS

STUDENT EVALUATION

We have not provided prepared tests and answer keys for this course in Health Care Organizations and Issues. We feel specifics of testing at low cognitive levels will depend upon the chosen texts and the content of outside speaker's presentations. The specific objectives from each unit, in coordination with the resources for learning the material, can be used to write multiple choice, fill-in-the-blank, short answer, true/false, and low level discussion questions which would reflect the student's learning.

In addition, we feel that higher cognitive levels of learning can be best assessed through special projects, reports (written and oral), and summaries of site visits. Further information on structuring some of these experiences to allow for consistent evaluation are given in the General Recommendations for the Instructor section prior to the specific unit outlines.

The approapriate type of test item for each unit objective can be made by comparing the language used in the objective with Benjamin Bloom's Taxonomy of Cognitive Objectives or some similar resource. For example, the terms "identify, list, give examples of, define, describe" allow for short answer lower cognintive level questions while "compare and contrast, discuss, explain, demonstrate, report on, summarize" are higher cognitive skills which require longer essay or special project evaluation techniques.

In the Ethics and Issues section of this course, objectives and evaluation techniques from the affective

domain are sometimes appropriate, again implying the use of taxonomies and similar structures for describing levels of learning and the criteria for evaluation.

In the unit on Computer Awareness, and showing up in other areas, behavior or motor perceptual skills are listed as the objectives; for example, " demonstrate, use, apply". Here behavioral evidence such as observed activity would be the most appropriate for evaluating the students' learning.

OTHER MATERIALS IN THIS SERIES

The U. S. Department of Education contracted with the Baptist College at Charleston to produce the following products, which are now available as part of the Rural Health Promotion Series supporting an associate degree in rural health.

1. A Final Project Report , including summary information about the design of the 2 year degree; conceptual, developmental, and applications issues; and a compilation and analysis of preliminary qualitative evaluation of the program components (by professionals in the health care field) and the programs goals (by rural residents and care providers).

2-8. A series of seven courses designed to meet the needs of this two year degree including -

Interpersonal Communications: skills in listening, sharing information, observation, and assessment,with special focus on cultural concerns, verbal and non-verbal messages.

Epidemiology: inter-relations of disease development and prevention in a public health model of host, agent, and environment; specially focused at the sophomore level.

Concepts of Chemistry: an up-dating of traditional chemistry concepts for allied health.

Health Care Organization and Issues: An overview of community health care systems with special focus on issues such as financial support, ethical dilemmas, changing services and technologies, and future directions, including

computers in intervention, treatment and education.

Health Promotion Seminar: A hands-on personal experience in behavior change around life-style issues, including up to date data and consideration of popular media ideas of health promotion.

Fundamentals of Paraprofessional Care I and Fundamentals of Paraprofessional Care II: A sequence of two courses designed to produce a person educated in major health issues and responses, with special skill development in physical care, emotional support, personal hygiene, safety and first aid (including Cardio-Pulmonary Resusitation).

Each of the instructor resource guides for teaching one of the above courses includes overview material on the total project (to provide perspective for content and methodological elements) as well as context of the course in the overall curriculum.

9. Rural Health Focus Guides for Core Content of the Health Promotion Associate Degree: This document is the work of professional educators in fields which make up the curricular core of the associate degree. The focus guides are the result of thoughtful consideration by these teachers regarding how their subject area relates to the necessary knowledge and competencies of a community paraprofessional in health promotion. All of the authors of the focus guides attended a workshop on health promotion which brought together core faculty, health educators, rural health sociologists, rural health care

providers, and rural health care recipients. The focus guides are the product of their individual approaches to the relevance of their subject matter to the overall degree; each gives ideas for highlighting particularly useful areas of a core course without in any way compromising the existing goals and expectations applied to all students who take these courses. Bound together in one volume, the focus guides cover the areas of

Freshman English,
general college mathematics,
general psychology,
human growth and development,
psychology of adulthood and aging,
introductory sociology,
social service systems,
New Testament religion,
interpersonal communications skills,
group dynamics,
anatomy and physiology,
microbiology,
introductory allied health chemistry.

The nine products listed above are in the ERIC system; copies are also housed with the contractor (the Baptist College of Charleston, Charleston, S.C.) and with the funding agency (the U. S. Department of Education, Office of Vocational and Adult Education, Washington, D.C.)